

**Application Deficiency Report**

Application Status: Submitted to RO  
 Application Sub-Status: Payment Received

Report Generated on :-19/03/2016

Faculty

Institute Level Faculty


Type	Actual number	Required number as per CI	Deficiency
Total Faculty(UG+PG+Diploma)	28	24	No
Minimum 80% Regular Faculty	24	19	No

21/03/2016  
 Date of Signature  
 (dd/mm/yyyy)

R.V. INSTITUTE OF MANAGEMENT  
 C.A. 17, 36th Cross, 4th Main,  
 4th 'T' Block, Jayanagar,  
 BANGALORE - 560 041.

\*\*\*Note :- All the Dates in the Report are in dd/mm/yyyy format

Printed By: AE2917191

  
**(Dr. T.V. RAJU)**  
 Director  
 R.V. INSTITUTE OF MANAGEMENT  
 Name & signature of Director /Principal  
 C.A. 17, 36th Cross, 4th Main,  
 4th 'T' Block, Jayanagar,  
 BANGALORE - 560 041.

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